

Name in Full

Certificate of Death

Sarah E. Bartlett

Died at

Easton

Town

County

Talbot

MARYLAND

Date 1902

Month

Day

Sept 6

Y.

M.

D.

Age

-

-

9

Native of

U.S.A

Occupation

Baby

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

-

Husband

of

-

Wife

Father's

Name

Saul L. Bartlett

Mother's

Maiden Name

Henrietta Kirby

Cause of

Primary

No antiseptics in tying cord

How long sick

Death

Immediate

Tetanus - Convulsions

~~Accident, Suicide, Homicide~~

Reported by

Chas. J. Warden

Address

Easton Md =

71
Neither attended in
confinement by midwife
only

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000

Acum

Name in Full

Certificate of Death

Charlotta Ann Bell

Died at Minerva Town Talbot County MARYLAND

Date 1962 Month Sept Day 14 Age 25 Y. - M. - D. - Native of Ind Occupation Housewife

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Number of children living~~

~~Husband~~ of Charles Henry Bell

Father's Name Henry Carter Mother's Name Ann Maria Samson

Cause of Death { Primary Typhoid Fever Immediate Exhaustion How long sick Three weeks ~~Accident, Suicide, Homicide~~

Reported by Julius A. Johnson M.D.

Address Easton Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James O. Brucefield

Died *near* Town *Easton* County *Talbot* MARYLAND

Date 190 *2* Month *Sept* Day *29* Y. *0* M. *2* D. *3* Native of *Md* Occupation

Male ☐ White ☐ Married ☐ Widow ☐ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of *James Brucefield*
 Wife
 Father's Name *James Brucefield* Mother's Maiden Name *Mary O. Mason*

Cause of Death { Primary *Malnutrition* How long sick *all to life*
 Immediate *Exhaustion* 51 Accident, Suicide, Homicide

Reported by *E. R. Zipp*Address *Easton Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

George Miller Burke

Died at ^{Town} Easton ^{County} Talbot -

MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
02	Sept.	11	-	5	-	U.S.A.	Baby
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widow	Number of children living			

Husband of _____

Wife

Father's Name	Mother's Maiden Name
Geo. W. Burk	Susan Miller

Cause of Death	Primary	How long sick
Artificial feeding - Marasmus - Since Birth		
Immediate Exhaustion		
105		Accident, Suicide, Homicide

Reported by	Address
Chas. F. Davidson M.D.	Easton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Lac Carr

Town

County

Died at

Munster

Zabon-

MARYLAND

Date	1902	Sept-15th	Month	Day	Y.	M.	D.	Native of	Occupation
								Ma	Housewife
								Widow	
								Divorced	
								Widower	
								Number of children living	

Husband of
WifeFather's
Name

Alex. Carr

Mother's
Maiden Name

Sallie Harris

Cause of

Primary

Phthisis Pulmonalis

How long sick

3 or 4 months

Death

Immediate

E. Harris

Accident, Suicide, Homicide

Reported by

Julius A. Johnson

Address

Earle - Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79865



Louisa Cooper

Died *Mar* *Easton*

Town

County

Salvor

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	<i>Sept</i>	<i>28</i>	<i>67</i>	<i>3</i>	<i>21</i>	<i>Med</i>	
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower			Number of children living	<i>9</i>

Husband of *Ezekiel Cooper*

Widow *Robert Smith*

Mother's

Name *Louisa Smith*

Maiden Name

Cause of	Primary	How long sick
	<i>Diabetes Mellitus</i>	<i>Seven years</i>
Death	Immediate	Accident, Suicide, Homicide
	<i>Exhaustion</i>	<i>SO</i>

Reported by *E. R. Frippe M.D.*

Address *Easton*

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

Med.



William Degroth Covington

Town

County

Died at

MARYLAND

Date 19

02

Month Day

9 - 30th

Age

Y.

M.

D.

Native of

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

~~Wife~~

Father's

Name

Jas. F. Covington

Mother's

Maiden Name

Margaret Richardson

Cause of

Primary

Phthisic

Death

Immediate

Carbonic-Acid Poisoning

How long sick

10 days

~~Accident, Suicide, Homicide~~

Reported by

W. W. Chaires, M.D.

Address

Avalon, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Martha Hahn Dodson

Town

County

Died at

MARYLAND

Date 1902 Sept. 18-
 Month Day Y. M. D.
 Age 62.
 Native of Penn.
 Occupation Housewife
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 3

Husband

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Death

Primary

Immediate

How long sick

13 yrs.
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Clara Floyd

Died at ^{Town} "Harbor" ^{County} Miles River Act, Talbot - MARYLAND

Date 1902 Sept 5th Month Day Y. M. D. Age 4 Native of Md Occupation —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living

Husband of _____
 Wife _____

Father's Name Daniel Floyd Mother's Maiden Name Mary Ellen Viney

Cause of Death { Primary Improper Food How long sick 1 week
 Immediate Anemia 105 Accident, Suicide, Homicide

Reported by Julius A. Johnson

Address _____

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Alfanza Mountain
Town Easton

County

Tallent

MARYLAND

Month Day
Sept 8Y. M. D.
Age 4Native of
U.S.A.Occupation
Baby~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Primary

Death Immediate

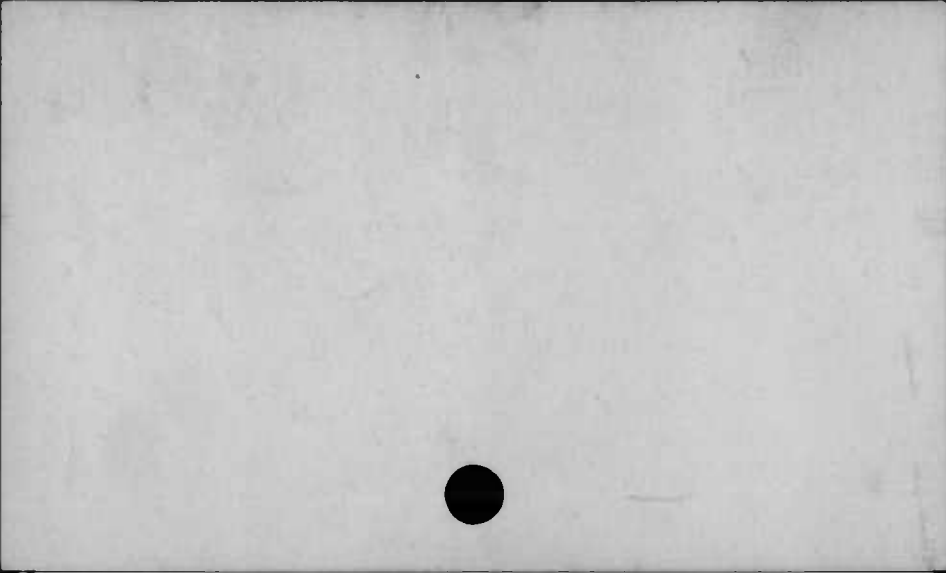
How long sick

Accident, Suicide, Homicide

Reported by

Address

Geo. H. Hensley
Mother's Maiden Name Rosetta Mountain
Cause of Death Chole. Infantum
Exhaustion 105
Reported by Chas. J. Davidson
Address Easton, Md.



Name in Full

Certificate of Death

Julie Lawrence

Died at ^{Town} near Royal Oak ^{County} Talbot MARYLAND

Date	1902	Month	9	Day	11	Age	10-3	Y.	M.	D.	Native of	Occupation
Male	White	Married	Widow	Divorced							md	Servant
Female	Colored	Single	Widowar	Number of children living								

Husband of _____
WifeFather's Name Samuel Bentley Mother's Maiden Name Fannie Lawrence

Cause of Death	Primary	Immadiate	How long sick	Accident, Suicida, Homicide
	Congestion, Fever	Aschemia	4 days	

Reported by Samuel C. TuckerAddress Royal Oak md

Must be signed by physician, if any in attendance, otherwise by coroner, undartaker or ministar.



Name in Full

Certificate of Death

Name *J. J. Moody*

Town

St Michaels

County

Salbot

MARYLAND

Died at

Date 190*4*

Month

9

Day

3

Age

38

Y.

M.

D.

Native of

St Michaels

Occupation

Oyster man

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Five

Husband of

~~Wife~~

Father's

Name

Cause of

Primary

Organic Heart Disease

How long sick

9 months

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

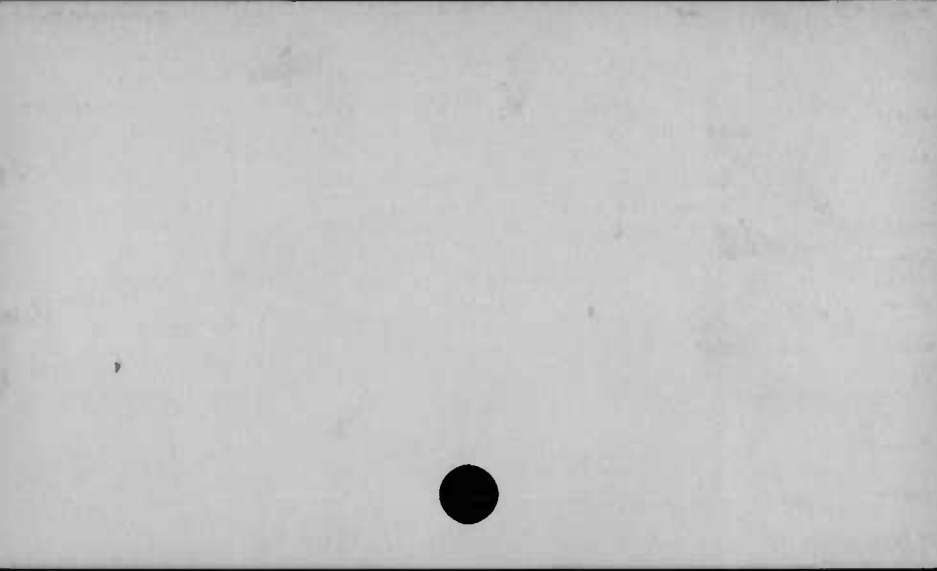
A. B. Blaseoch

Address

St. Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75005



Name
In Full

Lydia Moore

CERTIFICATE OF DEATH

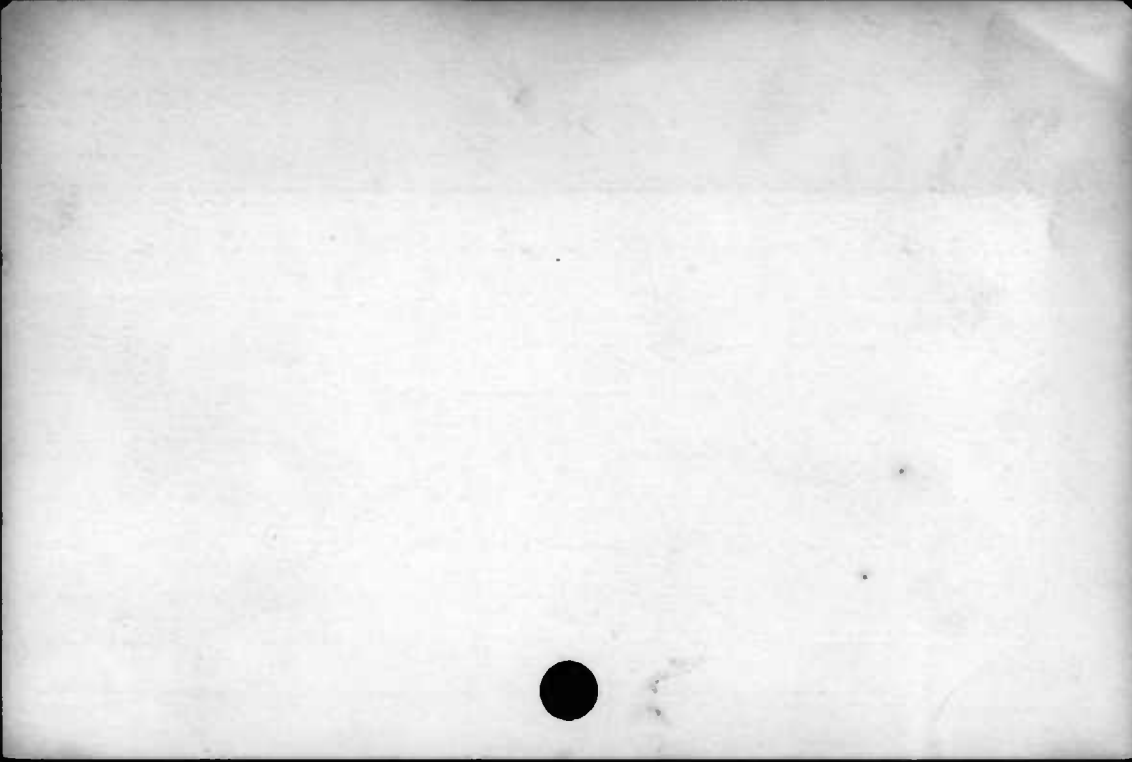
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town St. Michaels		County Talbot		MARYLAND	
Date of death		1902	Month 9	Day 4	Years 51	Months —	Days —
Sex		Female		Color or Race Black		Birth-place Baltimore Md	
Married, Single or Widowed		married		Occupation Housewife			
Name of Wife or Husband		Richard Moore					
Father's Name		Do not know				Father's Birthplace Do not know	
Mother's Maiden Name		Do not know				Mother's Birthplace Do not know	
Name of person giving information		Richard Moore				How related to deceased Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Organic Heart Disease	How long 2 yrs
Immediate	Asthma	How long 2 mo
Are the name, age, sex, color, date and place correctly given above?		yes
Signature of Physician		A. B. Blaseoch
Address		St. Michaels Md
Accident or Suicide?		—



Mitchel B. Parsons

Town

County

MARYLAND

Died at

St. Michaels

Inlet

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Sept. 13

Age

2. 11

Claitorne

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Isaac S. Parsons

Pela E. Parsons

Cause of

Primary

How long sick

Several wks.

Death

Immediate

Gastro enteric irritation

Accident, Suicide, Homicide

Reported by

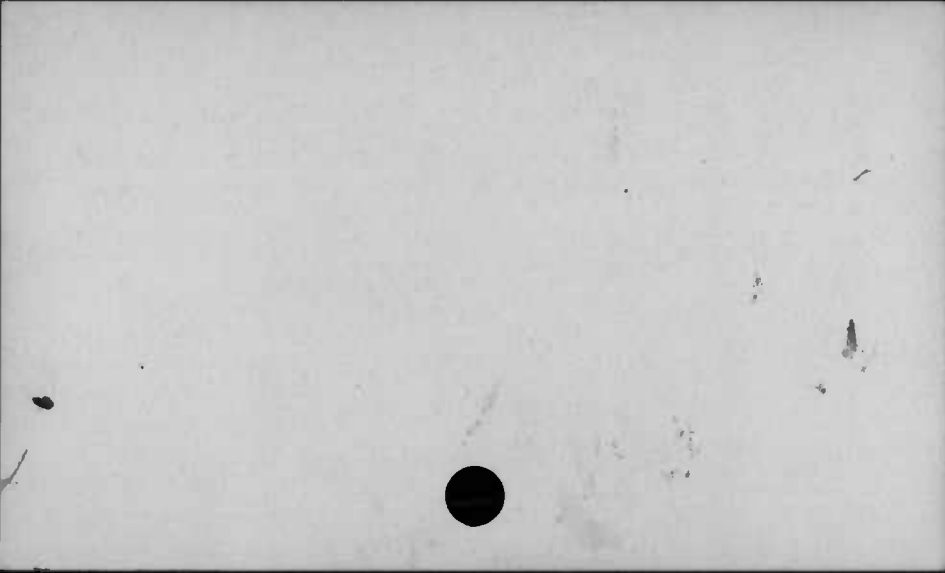
R. C. Dodson

Address

St. Michaels

Md. 105

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Moses Richards

Town

County

Died at

Easton Talbot Co

MARYLAND

Date 1902

Month Day

Sept 16

Y. M. D.

Age 43-7-10

Native of

Md.

Occupation

Cook.

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

~~Number of children living~~

Husband of

Henrietta Small

Father's

Mother's

Name Peter Richards Maiden Name

Mary Jane Haskins

Cause of Primary

Tuberculosis

How long sick

about 2 yrs.

Death Immediate

Hemorrhage

~~Accident, Suicide, Homicide~~

Reported by

A. Henry Wellson

Address

Easton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Charles Smith Cal.

Died at *Easton* Town *Talbot* County *MARYLAND*

Date 19 *Sept* *13* Month Day Y. M. D. Age *14 mo* Native of *Talbot* Occupation _____
~~Male~~ *White* Married _____ Widow _____ Divorced _____
~~Female~~ *Yes* Colored *Yes* Single _____ Widower _____ Number of children living _____

Husband of _____
 Wife _____
 Father's Name *Alfred Smith* Mother's Name *Elizabeth Smith*

Cause of Death { Primary *Dianth with Malaria* How long sick *one week*
 Immediate _____ Accident, Suicide, Homicide _____

Reported by *Ed. M. Henderson* *105*
 Address *Easton Talbot Co. Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Edith Sadonia Thomas

Died at ^{Town} St Michaels ^{County} Talbot MARYLAND

Date 1902 ^{Month} Sept ^{Day} 8 ^{Age} 6 ^{Y.} - ^{M.} - ^{D.} - ^{Native of} St Michaels ^{Occupation} none

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~ ^{Widower} ^{Number of children living} none

Female ^{Colored} ^{Single}

Husband of

Wife

Father's Name Wm J Thomas Mother's Maiden Name Cora Gates

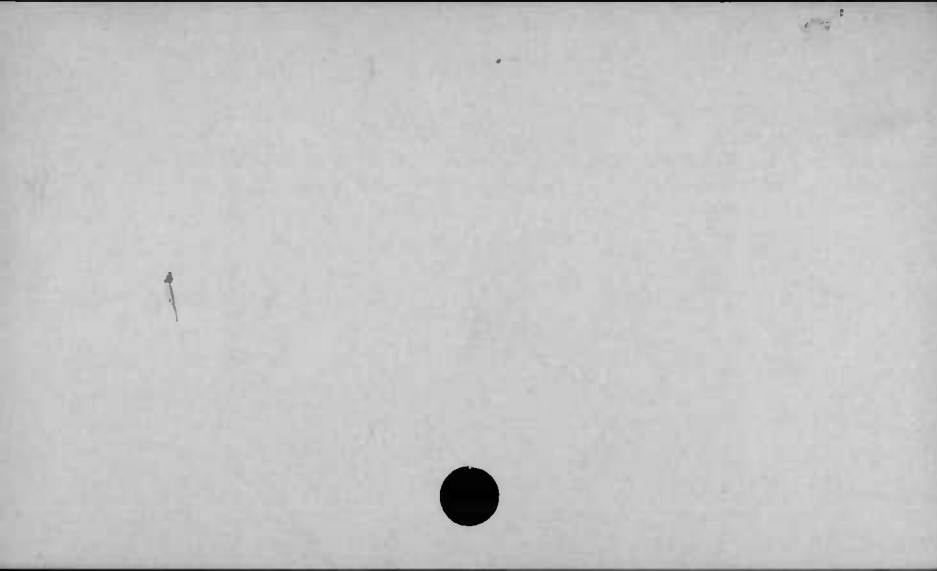
Cause of Death Primary ^{Remittent fever} ^{How long sick} 2 weeks

Death Immediate ^{Convulsions} ^{Accident, Suicide, Homicide}

Reported by A. B. Blaseock

Address St Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full James Thomas
 Died at Euston ^{Town} Tallbot ^{County} MARYLAND

Date 19 02 Month 9 Day 15 Age 0 Y. 9 M. — D. — Native of Md Occupation —
 Male White ~~Female~~ Married ~~Single~~ Widow ~~Widower~~ Divorced ~~Number of children living~~

Husband of —
 Wife

Father's Name Pete Davis Mother's Maiden Name Annie Thomas

Cause of Death { Primary Summer Complaint How long sick 3 wks
 Immediate Exhaustion 105 ~~Accident, Suicide, Homicide~~

Reported by J. B. Smith

Address Euston Md



Donovan Corcoran Trust

Town

County

Died at

Easton

MARYLAND

Date 1902

Month Day

9-1

Y. M. D.

Age

0 11

Native of

Talbot Co

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of
Wife

N

Father's
Name

Geo. H. Trust

Mother's

Maiden Name

Emma Corcoran

Cause of

Primary

Meningitis

61

How long sick

4 days

Death

Immediate

Cancer

Accident, Suicide, Homicide

Reported by

J. B. Mervin

Address

Easton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

all hands

1845

Fannie Sennah Whitely

Died at Bridge Hill Town Talbot County MARYLAND
 Date 19 01 Month 9 Day 28 Age 37 Y. 10 M. 22 D. Talbot Co Native of Home wife
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Single~~ ~~Widow~~ ~~Number of children living~~ 6
 Female ~~Colored~~ ~~Single~~ ~~Widow~~ ~~Number of children living~~

~~Wife~~ of William Thomas Whitely
 Father's Name Sennah Nichols Mother's Name Fannie Fowers

Cause of Death { Primary Pulmonary Tuberculosis & Asthma How long sick 6 mo
 Immediate Stomach Heart failure ~~Accident, Suicide, Homicide~~

Reported by Joseph A. Rusk Jr & 2
 Address Trappe, Talbot Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

